U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

AUG 1 7 2005 READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E TOO	
1. File Number U - 11866	2. Fiscal Year Covered From:
7.0	01 101 04 Through: 12/31/04.
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Seyce F. Durles	4. Name, file number, and address of labor organization. Name Craphic Communication Taten Cational Union Read 17. Labor Organization File Number 51400 8
P.O. Box, Bldg., Room No., if any	P.O. Boy Building and Doom Number if any
Street 1119 42 b AVE DE	street 2223 Central ave NE
city Minneapolis	cir memoapo/s
State M N ZIP Code + 4 55421	State M N ZIP Code + 4 554/8
5. Position in labor organization.	3-85 storal Inestee Pensier
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	Julia
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	
City	And the second of the second o
State ZIP Code + 4	
Sig	nature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

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Name of Person Filing JOYCE F. MURCE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	a. Labor Órganization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box. Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	•	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	air Notel, Meal Expens	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City ZIP Code + 4		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

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Name of Person Filing DOUCE F. AURIC	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwing an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly dealing with your labor organization or with a trust in which your labor organization.	ely seeking to represent, or rectly to, or otherwise
8 Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	÷
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10. If 9.b. or 9 c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Reams ASS et Management Trade Name, if any:	Denver For d'restreer
P.O. Box, Bldg., Room No., if any	
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street 227 Washing ton ST	11.b. Approximate dollar value of such dealing. 336 \$196 \cdot CO
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	12.b. Amount. 9530
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant	144 - Nichus of naymont
(including trade name, if any). Name Tyotek-hocal Penson Fun	La. Nature or payment. La. Nature or payment. EX pense
Trade Name, if any:	CVN
P.O. Box, Bldg., Room No., if any	CXPERT
Street 345 Kehoe BIVD STE	
city Carol Stream	
State In ZIP Code + 4 60185	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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Name of Person Filing JOYCE - HURIE	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any),	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
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City		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Trade Name, if any: Northern Quarti Faile	Das I ala	
P.O. Box, Bldg., Room No., if any	Rension hunch for Trees to	
Street 181 W. Madison	148 88 2,00	
City ()	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	Hold Penson Involvations	
IL 60602	1 4010 POISON 210101110	
	12.b. Amount. 67.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name IN the holal Penson and	Trustee Air, HoTeh, Medi Expense	
Trade Name, if any:	Meal Expense	
P.O. Box, Bldg., Room No., if any	. 0 0 00 1 4 193010 4	
Street 3 US MChoo Ble 500		
cive arol stream		

ZIP Code +4 /00 18 5

or Consultant

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14.b. Amount of payment.

13.b. Is the Business an Employer

State /

Name of Person Filing SUCE AUSCH	File Number U-
B. Held an interest in or derived income or economic benefit with monetary we substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Cop I all Guardian Wood Co	11.a. Nature of such dealing. Pensawo Burness
Street Banch Dre Plazas Ste City 211 S Clark 51 Ste 2544	28 Z 588; 00
an Chicago	12.a. Nature of interest held or income received.
State Chicago ZIP Code +4 IN 60437	DA
	64,00
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name IN FOR LOCAL Pension Fump	Person AIR-HOTEL Meal Expense.
Trade Name, if any:	meal Expenses
P.O. Box, Bldg., Room No., if any Street HSS WENDE BIND STE City Courd SHIEUM	
city Can of Stream	
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13.b. Is the Business an Employer

or Consultant

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Name of Person Filing SOUCE AUTOR	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any),	9. Business deals with:	
Name		
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Part Old Tolkshold Trade Name, if any:	Denner For Mestiles	
P.O. Box, Bldg., Room No., if any	la alla di	
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
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